NT OF

DEPARTMENT OF THE NAVY

FLEET AVIATION SPECIALIZED OPERATIONAL TRAINING GROUP PACIFIC FLEET

P.O. BOX 357068 NAS NORTH ISLAND SAN DIEGO, CALIFORNIA 92135-7068

FASOTRAGRUPACINST 4500.1F

N14

APR 2 8 2000

FASOTRAGRUPAC INSTRUCTION 4500.1F

Subj: PROCEDURES FOR PROPERTY SURVEY ACTIONS

Ref: (a) NAVSUP Publication 485, Ch. 5, Sec. III

Encl: 1 General Survey Requirements

(2) Preparation of DD Form 200

- 1. <u>Purpose</u>. To establish procedures for the processing of survey actions in accordance with reference (a).
- 2. Cancellation. FASOTRAGRUPACINST 4500.1E.
- 3. <u>Scope</u>. Applies only to FASOTRAGRUPAC North Island. Detachments should utilize this instruction and reference (a) as a guideline to write their own instruction.
- 4. General. The policy and procedures for accomplishing all types of material actions are contained in Chapter 5 of reference (a). The Commanding Officer approves or disapproves the report of survey and makes a determination whether to relieve all concerned from responsibility and/or accountability, or to approve assessment of financial liability.
- 5. Preparation of Form. Financial liability investigation of property loss DD Form 200 will be prepared when a survey is required under the circumstances delineated in reference (a). When it is necessary to dispose of material that has become obsolete or beyond economical repair and does not require a survey, a memorandum signed by the department head will be submitted to the administrative department or detachment material officer. The material division will complete a DD Form 1348-1 (DOD single line item release/receipt document) for turn in of material to their local Defense Reutilization and Marketing Office (DRMO).

- 6. <u>Procedures</u>. Enclosure (1) defines what a survey is and describes what the general survey requirements are. Preparation instructions for the DD Form 200 are contained in enclosure (2).
- 7. Unresolved Discrepancies Which Indicate Evidence of Personal Responsibility. Criminal investigations must be initiated when research reveals evidence of theft. The Naval Criminal Investigative Service will be notified and criminal proceedings will be initiated. For additional guidance, refer to reference (a), paragraph 5127.
- 8. Forms. DD Form 200 will be used to document all surveys.

M. GALLIC

Distribution: FASOTRAGRUPACINST 5216.3A List A

GENERAL SURVEY REQUIREMENTS

- 1. <u>Objectives</u>. To ensure compliance with NAVSUP policies and procedures and assist in the preparation of DD Form 200. Excerpts from NAVSUP Publication 485 covering the requirements for survey actions are provided below.
- 2. <u>Definition of Survey</u>. Procedures for determining the cause of gain, loss or damage to Navy property, establishing personal responsibility (if any) and documenting necessary inventory adjustments to stock records.
- 3. <u>Survey Criteria</u>. If the cause of the discrepancy is unresolved, a DD Form 200 will be initiated immediately for the following:
- a. Sensitive items (e.g., drugs, precious metals, narcotics and alcohol) when any discrepancy exists, regardless of dollar value.
 - b. Classified items regardless of dollar value
- c. Arms, ammunition and explosives regardless of dollar value.
- d. Pilferable items, valuable and attractive items that are easily convertible to personal use such as hand tools, individual clothing, office machines, photographic equipment, computer equipment, etc.
- e. Plant account property. Surveys will be initiated for all plant accounted items.
- f. Custody card items. These are usually highly pilferable items. Surveys will be initiated for all custody card items regardless of dollar value.
- g. Serialized items. Surveys will be initiated for all items that have manufacturer serial numbers assigned regardless of dollar value.
- 4. Phases of Survey Procedures. The survey procedures are composed of the following phases:

FASOTRAGRUPACINST 4500.1F

- a. Request for survey. The survey request is originated by the department head having custody of the material to be surveyed.
- b. Preparation of the survey report. The initial survey request will be submitted in a rough draft utilizing a DD Form 200. Included on or attached to the initial request will be a statement by the originator providing answers to the five basic questions of who, what, when, where and how; the condition or cause surrounding the loss or damage of the material; the responsibility for the cause or condition, if such can be determined, or if the responsibility and cannot be determined, the reason why it cannot be determined; and recommended disposition of the material and the action to be taken. The description of the material will be as complete as possible and will include the serial numbers of the items involved, if applicable.
- c. Smooth Request. The smooth survey request will be prepared by Code N14 from information obtained from the rough draft survey. The smooth survey will be returned to the initiating department for signatures, and then returned to Code N14 for processing through the chain of command.
- d. The appointing authority (Executive Officer) reviews the survey to determine if a financial liability officer is needed to conduct an investigation or to relieve the responsible officer from accountability. If no personal liability is noted, the appointing authority signs block 13 and forwards to the approving authority (Commanding Officer).
- e. After the approving authority signs block 14, the DD Form 200 is the official document used to substantiate the physical inventory adjustment of the custody/plant account records with the physical inventory on hand.
- f. The DD Form 200 is then forwarded for the accountable officers (Administrative Officer) signature and records are annotated

Enclosure 1)

g. Items recovered must be recorded and reported on the DD Form 200. Simply write RECOVERED in bold letters anywhere across the front of the DD Form 200 and redistribute to all addressees that received the final report.

Enclosure (1)

PREPARATION OF DD FORM 200

1. <u>Survey Preparation Procedures</u>. The DD Form 200 is the official document to support establishment of debts, relief from accountability and adjustment to accountable records for supply system stock and property book material. Preparation of the form may vary slightly depending on the nature of the asset, property book material or supply system stock. Specific preparation instructions for the DD Form 200 are provided below:

Blocks:

- 1. Date initiated. Self-explanatory
- 2. Inquiry/investigation number. Code N14 assigns the survey number.
- 3. Date loss/gain discovered. Enter actual date the loss or gain was discovered. Line out word loss and insert gain when applicable.
- 4. National stock numbers. Enter the NSN(s) including the COG or manufacturer's part number(s). More than one line item may be included if each item is being surveyed for the same reason. In the instance of student clothing losses, a continuation sheet can be attached listing the losses per class.
- 5. Item description. Enter the nomenclature of the item(s) including serial number(s), plant account number(s), or model number(s). For nonstandard material, provide appropriate identification or continuation sheet if necessary.
- 6. Quantity. Enter number of items and unit of issue. Examples are 1EA, 2DZ, 5PR.
- 7. Unit Cost. Enter cost per unit shown in Fedlog, supply bulletins or item records.

Enclosure (2)

FASOTRAGRUPACINST 4500.1F

- 8. Total Cost. Multiply block 6 by block 7 and enter amount in this block.
- 9. Circumstances under which property was lost, damaged or destroyed. Enter a complete statement of the facts including the date and place of incident. Include the name, grade and social security number (SSN) of all persons directly involved. The statement must answer the five basic questions of who, what, when, where and how. Identify any appropriate contract numbers(s), transaction number(s) or plant account number(s). If gained, line out the word loss and insert the word gain.
- 10. Actions taken to correct circumstances reported in block 9 and prevent future occurrences. Provide corrective actions recommended by the responsible officer and describe measures to prevent future occurrences.
- 11. Individual completing blocks 1 through 10. Individual conducting the research documented in blocks 1-10 signs this block.
- 12. Responsible officer (Department Head). Signature of the individual appointed to exercise proper care and custody of government property.
- 13. Appointing authority (Executive Officer). Signature of the appointing authority. The appointing authority appoints financial liability officers, if required, approves or disapproves the recommendations of the responsible officer and recommends actions to the approving authority.
- 14. Approving authority (Commanding Officer). Signature of the individual responsible for approving or disapproving financial liability.
- 15. Financial liability officer. This block will only be completed when personal responsibility is evident.
- 15a. Findings and Recommendations Based on the facts established through research.

FASOTRAGRUPACINST 4500.1F

- 15b. Dollar Amount of Loss or Gain The financial liability officer takes into consideration the standard price of the lost or gained property.
 - 15c. Not Applicable
- 15d. Recommended Financial Liability The financial liability officer should compute the financial loss or gain to the government.
- 15e-k. Financial liability officer Enter name of the person appointed to perform the investigation.
- 16. Individual charged. This block will only be completed if personal responsibility is evident. If the individual refuses to sign this block, the refusal should be noted.
- 17. Accountable Officer (Administrative Officer) Signature of the individual appointed to maintain stock property and financial records.
- 2. Distribution of DD Form 200 After Final Action
- a. Original. The material division will retain an original copy with all attachments if not required by higher authority.
- b. <u>Duplicate</u>. A duplicate copy will be returned to the originating department to be filed.
- c. <u>Triplicate</u>. The triplicate copy will be destroyed if pecuniary liability is not assessed. If pecuniary liability is assessed, refer to NAVSUP P485 paragraph 5128 for further instructions.

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS									
			PRIVACY AC	T STATEMENT					
AUTHORITY: 10 USC 136; 10 USC 2775; DoD Instruc			2775; DoD Instruction	ROUTINE USES:	NE USES: None.				
7200.10; EO 9397. PRINCIPAL PURPOSE: To officially report the facts and circumsta supporting the assessment of financial chafor the loss, damage, or destruction of Controlled property. The purpose of solicithe SSN is for positive identification.			ent of financial charges or destruction of DoD-	DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.					
1. DATE INITIATED (YYMMDD) 2.		. INQUIRY/INVESTIGATION NUMBER			3. DATE LOSS DISCOVERED (YYMMDD)				
4. NATIONAL STOC	K NO.	5. ITEM DESCRI	PTION	6. QUANTITY 7. UNIT CO		7. UNIT COS	T	8. TOTAL COST	
9. CIRCUMSTANCES (Attach additional	UNDER V	VHICH PROPERTY	WAS (X one)		LOST	DAM	AGED	DESTROYED	
							Byrolinia		
 ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) 									
	IN TTUE	DI OCKE 4 TUCO	1611 40						
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10 a. ORGANIZATIONAL ADDRESS (Unit Designation, b. TYPED NAME (Last, First, Middle Initial)					Т	c. AUTO	OVON/DSN NUMBER		
Office Symbol, Base, State/Country, Zip Code)			d. SIGNATURE				e. DATE SIGNED		
			d. SIGNATURE				e. DAIL	: SIGNED	
12. (X one) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)									
		T) REVIEWII	NG AUTHOR	ITY (SUPPLY	SYSTEM	STOCKS)	
a. NEGLIGENCE OR EVIDENT/SUSPEC (X one)	ABUSE TED	T	ROPERTY RECORD ITEMS / RECOMMENDATIONS	S) REVIEWII	NG AUTHOR	STY (SUPPLY	SYSTEM	STOCKS)	
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA	ABUSE TED (2) No	b. COMMENTS	RECOMMENDATIONS	REVIEWII		SITY (SUPPLY		DVON/DSN NUMBER	
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA	ABUSE TED (2) No	b. COMMENTS	RECOMMENDATIONS			SITY (SUPPLY	e. AUTO		
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA	ABUSE TED (2) No LL ADDRES	b. COMMENTS	recommendations ion, d. TYPED NAN ie)			SITY (SUPPLY	e. AUTO	DVON/DSN NUMBER	
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA Office Symbol, B	ABUSE TED (2) No L ADDRES ase, State	b. COMMENTS	ion, d. TYPED NAMe) f. SIGNATURE			SITY (SUPPLY	e. AUTC g. DATE c. FINAI	DVON/DSN NUMBER E SIGNED NCIAL LIABILITY CER APPOINTED	
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA Office Symbol, B 13. APPOINTING AU a. RECOMMENDATI (X one) (1) Approve (2) Disapprove	(2) No L ADDRES ase, State	b. COMMENTS	recommendations ion, d. TYPED NAN f. SIGNATURE	IE (Last, First, Mido	lle Initial)	SITY (SUPPLY	e. AUTC g. DATE c. FINAL OFFIC (X or	DVON/DSN NUMBER E SIGNED NCIAL LIABILITY CER APPOINTED De)) Yes (2) No	
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA Office Symbol, B 13. APPOINTING AU a. RECOMMENDATI (X one) (1) Approve (2) Disapprove d. ORGANIZATIONA	ABUSE TED (2) No L ADDRES ase, State THORITY ON	b. COMMENTS	recommendations ion, d. TYPED NAM f. SIGNATURE rion, de) de. TYPED NAM de)		lle Initial)	SITY (SUPPLY	e. AUTO g. DATE c. FINAL OFFIC (X or	DVON/DSN NUMBER E SIGNED NCIAL LIABILITY CER APPOINTED ne)) Yes (2) No DVON/DSN NUMBER	
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA Office Symbol, B 13. APPOINTING AU a. RECOMMENDATI (X one) (1) Approve (2) Disapprove d. ORGANIZATIONA	ABUSE TED (2) No L ADDRES ase, State THORITY ON	b. COMMENTS	recommendations ion, de) d. TYPED NAN f. SIGNATURE rion, e. TYPED NAN	IE (Last, First, Mido	lle Initial)	SITY (SUPPLY	e. AUTO g. DATE c. FINAL OFFIC (X or	DVON/DSN NUMBER E SIGNED NCIAL LIABILITY CER APPOINTED De)) Yes (2) No	
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA Office Symbol, B 13. APPOINTING AU a. RECOMMENDATI (X one) (1) Approve (2) Disapprove d. ORGANIZATIONA Office Symbol, B	(2) No L ADDRES ase, State THORITY ON L ADDRES ase, State	b. COMMENTS	recommendations d. Typed Naw f. Signature recommendations d. Typed Naw f. Signature g. Signature	IE (Last, First, Mido	lle Initial)	SITY (SUPPLY	e. AUTO g. DATE c. FINAL OFFIC (X or 1 (1) f. AUTO	DVON/DSN NUMBER E SIGNED NCIAL LIABILITY CER APPOINTED ne)) Yes	
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA Office Symbol, B 13. APPOINTING AU a. RECOMMENDATI (X one) (1) Approve (2) Disapprove (2) Disapprove Office Symbol, B	(2) No L ADDRES ase, State THORITY ON L ADDRES ase, State	b. COMMENTS	recommendations d. Typed Naw f. Signature recommendations d. Typed Naw f. Signature g. Signature	IE (Last, First, Mido	lle Initial)	SITY (SUPPLY	e. AUTO g. DATE c. FINAL OFFIC (X or	DVON/DSN NUMBER E SIGNED NCIAL LIABILITY CER APPOINTED De)) Yes	
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA Office Symbol, B 13. APPOINTING AU a. RECOMMENDATI (X one) (1) Approve (2) Disapprove d. ORGANIZATIONA Office Symbol, B	ABUSE TED (2) No L ADDRES ase, State THORITY ON CL ADDRES ase, State	b. COMMENTS	recommendations d. Typed Naw f. Signature recommendations d. Typed Naw f. Signature g. Signature	IE (Last, First, Mido	lle Initial)	SITY (SUPPLY	e. AUTO g. DATE c. FINAL OFFIC (X or) 1 (1) f. AUTO h. DATE	DVON/DSN NUMBER E SIGNED NCIAL LIABILITY CER APPOINTED De)) Yes	
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA Office Symbol, B 13. APPOINTING AU a. RECOMMENDATI (X one) (1) Approve (2) Disapprove d. ORGANIZATIONA Office Symbol, B 14. APPROVING AUT a. ACTION (X one) (1) Approve (2) Disapprove d. ORGANIZATIONA (X one) (1) Approve (2) Disapprove (3) Disapprove (4) ORGANIZATIONA (X one)	ABUSE TED (2) No L ADDRES ase, State THORITY ON AL ADDRES ase, State	b. COMMENTS	(RECOMMENDATIONS ion, d. TYPED NAM f. SIGNATURE ion, de) g. SIGNATURE	IE (Last, First, Mido	lle Initial)	SITY (SUPPLY	e. AUTO g. DATE c. FINAL OFFIC (X or	DVON/DSN NUMBER E SIGNED NCIAL LIABILITY CER APPOINTED ne)) Yes	
a. NEGLIGENCE OR EVIDENT / SUSPEC (X one) (1) Yes c. ORGANIZATIONA Office Symbol, B 13. APPOINTING AU a. RECOMMENDATI (X one) (1) Approve (2) Disapprove d. ORGANIZATIONA Office Symbol, B 14. APPROVING AUT a. ACTION (X one) (1) Approve (2) Disapprove d. ORGANIZATIONA (X one) (1) Approve (2) Disapprove (3) Disapprove (4) ORGANIZATIONA (X one)	ABUSE TED (2) No L ADDRES ase, State THORITY ON AL ADDRES ase, State	b. COMMENTS SS (Unit Designat /Country, Zip Cod b. COMMENTS SS (Unit Designat /Country, Zip Cod b. COMMENTS	(RECOMMENDATIONS ion, d. TYPED NAM f. SIGNATURE ion, de) g. SIGNATURE	IE (Last, First, Midd	lle Initial)	SITY (SUPPLY	e. AUTO g. DATE c. FINAL OFFIC (X or	DVON/DSN NUMBER E SIGNED NCIAL LIABILITY CER APPOINTED ne)) Yes	

DD Form 200, FEB 91

Previous editions are obsolete.

S/N 0102-LF-011-9100

15. FINANCIAL LIABILITY OFFICER								
a. FINDINGS AND RECOMMENDATIONS (Attach addit	tional pages as necessary)							
b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY						
	·							
e. ORGANIZATIONAL ADDRESS (Unit Designation,	f. TYPED NAME (Last, First, Middle Initial)	g. AUTOVON/DSN NUMBER						
Office Symbol, Base, State/Country, Zip Code)	1. TTPED NAME (Last, Pirst, Middle Illitial)	g. AUTOVON/DSN NOWIBER						
	h. DATE REPORT SUBMITTED TO APPOINT	ING I. DATE APPOINTED						
	AUTHORITY (YYMMDD)	(YYMMDD)						
	j. SIGNATURE	k. DATE SIGNED						
	, i							
AC INDIVIDUAL CHARGES	<u> </u>							
16. INDIVIDUAL CHARGED a. I HAVE EXAMINED THE FINDINGS AND RECOMME	NDATIONS OF THE EINANCIAL LIABILITY OFF	CER AND (Y one)						
(1) Submit the attached statement of objection								
b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL								
c. ORGANIZATIONAL ADDRESS (Unit Designation,	d. TYPED NAME (Last, First, Middle Initial)							
Office Symbol, Base, State/Country, Zip Code)		NUMBER						
A ALITOVON (DCN) ANIMADED	g. SIGNATURE	h. DATE SIGNED						
f. AUTOVON/DSN NUMBER								
17. ACCOUNTABLE OFFICER	1							
a. DOCUMENT NUMBER(S) USED TO ADJUST PROPER	TY RECORD	· · · · · · · · · · · · · · · · · · ·						
1								
b. ORGANIZATIONAL ADDRESS (Unit Designation,	c. TYPED NAME (Last, First, Middle Initial)	d. AUTOVON/DSN NUMBER						
Office Symbol, Base, State/Country, Zip Code)								
	e. SIGNATURE	f. DATE SIGNED						
	<u> </u>	l l						